ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

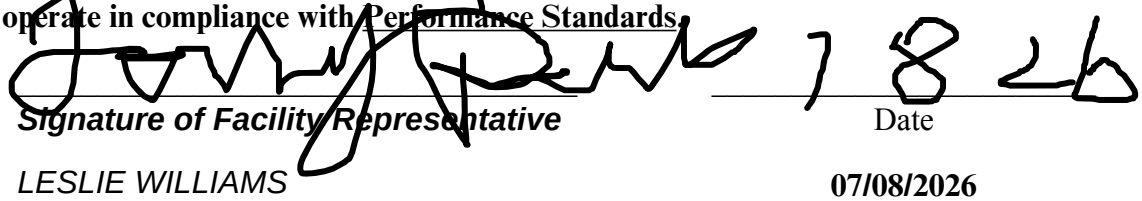
Facility Name: ANGELA DAVIS CHRISTIAN ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/8/2026
Facility Address: 166 MEAHER ST, PRICHARD, AL 36610, Mobile	Licensee: LOVE JOY TEMPLE HOLINESS CHURCH	Telephone #: (251) 456-7353
Ages: 2 Months to 12 Years	Director (if applicable): TAMMY DAVIS	Capacity: 180 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: In Infant room 1 there is a child asleep in a swing.	7/8/2026
Failed - Hazardous substances locked, Classroom Checklist / Nursery 1 Comments: There are hazardous substances not under lock and key or combination lock.(Room Spray)	7/8/2026

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before N/A, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.



Signature of Facility Representative Date

LESLIE WILLIAMS **07/08/2026**

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Signature of DHR Licensing Representative Date

COPIES TO: **_____Tammy Davis_____**